## Registration Form SMI Training Philadelphia, Pennsylvania Session April 27 - 29, 2004

Name & Title:			
Organization:			
Street Address 1:			
Street Address 2:			
City:	State:	Zip Code:	
Telephone Number:	Fax Number:		
E-Mail:			
Name as it will appear on your badge:			
Special Accommodation/Dietary Needs	:		
Philadelp USDA, Form 3101 Park Alexandria Fax: 703/  Registration form and fees are due to CONFERENCE IS CONDITIONAL UPO complete until registration fees are re No credit cards, purchase orders, or vol	bbs or Cheryl Wilson  Shia SMI Training  Sod and Nutrition Service, CN  Center Drive, Room 632  a, VA 22302  /305-2549  DEFINS not later than January  ON RECEIPT OF YOUR PAY  Peceived by FNS.  uchers will be accepted. Reg	y 30, 2004. PARTICIPATION IN T MENT. Your registration will not istration fee covers the following m	t be
Monday evening reception, continental conference.	breakfast each morning, and	scheduled breaks each day of the	
Hotel Accommodations			
Have you reserved a room under the <b>So</b> Philadelphia at Penn's Landing Hotel?	chool Meals Initiative Traini	ng block at the Hyatt Regency Yes No	
What name is your reservation under?			
Confirmation Number?			

Reminder: Hotel reservation cutoff date is January 15, 2004!